

PLEASE FILL OUT AND MAIL WITHIN TEN DAYS THE “WHAT ABOUT THE CHILDREN SEMINAR” REGISTRATION FORM. IF YOU HAVE ATTENDED THE SEMINAR, PLEASE SEND A COPY OF YOUR CERTIFICATE ALONG WITH THE EVALUATION QUESTIONNAIRE.

FAMILY COURT SERVICES
KING COUNTY SUPERIOR COURT
401 4TH AVENUE NORTH, ROOM 1-D
KENT, WA 98032-4429
PHONE: (206) 205-2521

PLEASE FILL IN YOUR
SEMINAR DATE: _____

EVALUATION

PLEASE MAIL COMPLETED FORM TO ABOVE ADDRESS WITHIN 10 DAYS

MOTHER

SOCIAL WORKER

FATHER

SUPERIOR COURT #: _____ FCS#: _____

OTHER PARTIES

1. IDENTIFYING INFORMATION:

Name:	Last	First	Middle	Birth name	Other Names
Street Address			City	State	Zip
Mailing Address (if different than Street Address)			City	State	Zip
Home Phone	Work Phone	Can you be called at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attorney Name		Phone			
Birthdate/Age	Birthplace/Citizenship		Race (optional)		

Education Completed _____ Social Security #: _____

DO YOU NEED AN INTERPRETER? ☐ Yes ☐ No **FOR WHAT LANGUAGE?** _____

2. CHILDREN AT ISSUE IN THIS PROCEEDING:

Name	Birthdate	Age	Living With
Name	Birthdate	Age	Living With
Name	Birthdate	Age	Living With

3. LIST OTHER CHILDREN (from other relationships, stepchildren, etc.)

Name	Birthdate	Age	Relationship
Name	Birthdate	Age	Relationship

4. LIST OTHER ADULTS LIVING WITH YOU:

Name	Birthdate	Age	Relationship
Name	Birthdate	Age	Relationship

5. LIST YOUR MARRIAGES OR COHABITATION RELATIONSHIPS (including current)

a. Children's Other Parent: _____
Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
Reason for Separation: _____

b. Name of Partner: _____
Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
Reason for Separation: _____

- c. Name of Partner: _____
 Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
 Reason for Separation: _____

6. CHECK WHICH OF THESE MOST IDENTIFY YOUR CONCERNS:

- | | |
|---|--|
| <input type="checkbox"/> Which party the child(ren) live with | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Amount of child support | <input type="checkbox"/> Drug/Alcohol Issues |
| <input type="checkbox"/> Decision-Making regarding the child(ren) | <input type="checkbox"/> Neglect Issues |
| <input type="checkbox"/> Medical Coverage for the child(ren) | <input type="checkbox"/> Relocation (Moving) |
| <input type="checkbox"/> Amount of time I have with the child(ren) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Amount of time other party has with the child(ren) | |
| <input type="checkbox"/> Other (Describe): _____ | |

7. HAS EITHER PARTY/PARENT EVER BEEN ARRESTED:

- Third Party ☐ Mother ☐ Father ☐
 Charges and Disposition: _____ Date: _____
 Probation Officer: _____ Phone: _____

8. COUNSELING OR SOCIAL SERVICES:

- Agency/Provider/ Where at: Telephone numbers**
- | | |
|--|---|
| <input type="checkbox"/> Private Counseling _____ | <input type="checkbox"/> Parenting Classes _____ |
| <input type="checkbox"/> Pastoral Counseling _____ | <input type="checkbox"/> Private Evaluator _____ |
| <input type="checkbox"/> Child Protective Services _____ | <input type="checkbox"/> Private Mediator _____ |
| <input type="checkbox"/> Drug/Alcohol Assessment _____ | <input type="checkbox"/> Psychological Evaluation _____ |
| <input type="checkbox"/> Drug/Alcohol Treatment _____ | <input type="checkbox"/> Anger Management _____ |
| <input type="checkbox"/> Other: _____ | |

Give dates, name of counselors, addresses and phone numbers:

9. Check previous services from King County Superior Court:

- | | | | |
|------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Domestic Violence Assessment | <input type="checkbox"/> Risk Assessment/Other |
| <input type="checkbox"/> CASA | <input type="checkbox"/> G.A.L. | <input type="checkbox"/> Juvenile Court | |

10. DOES EITHER PARTY/PARENT HAVE ANY CRIMINAL ACTION PENDING? IF SO, EXPLAIN:

11. MILITARY STATUS:

Branch: _____ Dates Active Duty: _____ Discharge Status: _____

12. MEDICAL HISTORY:

Identify if either party/parent has any physical disability, has received psychiatric care or treatment for drug or alcohol dependency:

Third Party:	Provider's Name	Address	When Treated	Nature of Problem
--------------	-----------------	---------	--------------	-------------------

Parents/Other Party(s):	Provider's Name	Address	When Treated	Nature of Problem
-------------------------	-----------------	---------	--------------	-------------------

13. HEALTH OF CHILDREN:Do any of the children presently have health problems/ special needs? ☐ Yes ☐ No

If yes, explain: _____

List doctors for each child including name, address, and phone number:

14. LIST YOUR POINTS OF AGREEMENT CONCERNING THE PARENTING PLAN:

- 15. DESCRIBE HOW EACH PARTY/PARENT HAS PARTICIPATED IN THE CHILD(REN)'S LIVES IN TERMS OF EDUCATION, HEALTH CARE, RELIGION, RECREATION, ETC. DURING THE YEAR PRECEDING:**

- 16. WHO HAVE THE CHILD(REN) BEEN LIVING WITH? Give dates and timelines:**

HOW OFTEN DO THE CHILD(REN) SEE THE OTHER PARTY(IES)? _____

WHEN DID THE CHILD(REN) LAST SEE THE OTHER PARTY? _____

- 17. WHAT DO YOU PROPOSE AS THE RESIDENTIAL SCHEDULE FOR THE CHILD(REN) WITH EACH PARTY? (Be specific)**

School Year - _____

Weekdays: _____

Weekends: _____

Summer: _____

Holidays: _____

Vacations: _____

- 18. STATE YOUR PLAN FOR HOW DECISIONS FOR THE CHILD(REN) WILL BE MADE:**

Education: _____

Health Care: _____

Religion: _____

Other: _____

- 19. LIST AND DESCRIBE ANY CONCERNS WHICH NEED TO BE ADDRESSED IN YOUR PARENTING PLAN**
(Such as domestic violence, child abuse, drug or alcohol abuse, mental illness or other of the party/parents):

WHAT CAN THE PARTY WITH THE PROBLEM DO TO CORRECT THE PROBLEM?

SHOULD THAT PARTY'S TIME WITH THE CHILD(REN) BE LIMITED?

IF SO, HOW?

- 20. DESCRIBE YOUR OWN STRENGTHS AND WEAKNESSES IN PARENTING:** _____

- 21. DESCRIBE THE OTHER PARTY'S STRENGTHS AND WEAKNESSES:** _____

- 22. DESCRIBE HOW EACH PARTY HANDLES CHILD DISCIPLINE:** _____

- 23. DESCRIBE THE CHILD(REN) IN THIS CASE:** _____

24. **DESCRIBE ANY SPECIAL PROBLEMS OR NEEDS THE CHILD(REN) MAY HAVE AND HOW EACH PARTY RELATES TO THOSE NEEDS:** _____

25. **HOW DO YOU WANT THE OTHER PARTY INCLUDED IN THE CHILD(REN)'S LIFE?**

26. **WHAT ARE YOUR GOALS FOR YOURSELF AND THE CHILD(REN) OVER THE NEXT 5-10 YEARS?**

27. **OTHER INFORMATION: Please enclose any other documents or information you consider relevant to the evaluation.**

28. Please answer the following questions:**YES****NO**

- A. Sometimes evaluators meet together with both parties. Do you have any concerns about being in the same room together with the other party?
- B. Are you fearful of the other party for any reason?
- C. Has the other party ever threatened to hurt you in any way?
- D. Has the other party ever hit you or used any other type of physical force towards you?
- E. Have you ever called the police, requested a protection from abuse order, or sought help for yourself as a result of abuse by the other party?
- F. Are you currently afraid that the other party will physically harm you?
- G. Do you believe you can communicate with the other party on an equal basis if part of the evaluation included meeting together with the evaluator?
- H. Has the other party ever threatened to deny you access to the children?
- I. Do you have any concerns about the children's emotional or physical safety with you or the other party?
- J. Has the DSHS or CPS ever been involved with your family other than for TANF (Temporary Assistance for Needy Families)?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Other comments: _____

29. REFERENCES:

NAME THREE REFERENCES ONLY IN THIS MATTER: In selecting references, please try to use non-relatives who best know you, your situation and your parenting skills. COMPLETE ADDRESS, INCLUDING ZIP CODES are necessary to enable us to send our questionnaire.

 Name: _____ Relationship: _____

Address: _____ Have known for:
 _____ years _____ months

Phone: _____ See how often: _____
 Home Work

 Name: _____ Relationship: _____

Address: _____ Have known for:
 _____ years _____ months

Phone: _____ See how often: _____
 Home Work

 Name: _____ Relationship: _____

Address: _____ Have known for:
 _____ years _____ months

Phone: _____ See how often: _____
 Home Work

30. RELEASE OF THIS INFORMATION:

If you have additional information, reports or evaluations which may be helpful to the Family Court Services Evaluator, you may make them available.

By law, "The evaluator/investigator shall make available to the counsel and to any party not represented by counsel . . . "
 (1) The evaluator/investigator's file; (2) Texts of diagnostic reports; (3) Names and addresses of persons consulted and (4) Investigator's and any person whom (s)he has consulted may be called for cross examination.

**FAMILY COURT SERVICES
CLIENT FINANCIAL RESPONSIBILITY STATEMENT**

By order of King County Superior Court and King County Ordinance 10643 fees for the services provided by Family Court Services are to be charged to those people utilizing these services. You will be charged a portion of the fee based on a sliding scale that reflects your income. Each case is handled as a family unit and each parent will be expected to pay a share of the cost. (Refer to the sliding fee scale on the reverse side of this page.)

My monthly net income is _____.

Date of Birth: _____ **Social Security #:** _____

ATTACH A COPY OF ONE OF THE FOLLOWING FORMS OF INCOME VERIFICATION:

1. YOUR LAST TWO PAY STUBS
2. DSHS AWARD LETTER
3. UNEMPLOYMENT BENEFITS NOTICE
4. LAST YEAR'S W-2 FORM (Do not send tax return).
5. CHILD SUPPORT ORDER
6. FINANCIAL DECLARATION

IF NO VERIFICATION IS ATTACHED, YOU WILL BE IMPUTED AN INCOME THAT MAY RESULT IN A HIGHER FEE.

Please Note: If you have a signed court order stating Dispute Resolution should be split by a certain percentage, please include a copy of it with this form.

EMPLOYMENT/INCOME INFORMATION:

1. Current Occupation: _____
Place of Employment: _____
2. Child Support:
 A. _____ Paid _____ Received Amount \$ _____
 B. Current: ☐ Yes ☐ No
 C. Court-Ordered: ☐ Yes ☐ No
 (If yes, attach a copy of court-ordered child support obligations and income statement)
3. Other Income:
 Amount: _____ Source: _____

4. Maintenance:
 A. ☐ Yes ☐ No
 B. Amount \$ _____

LIST EMPLOYMENT FOR LAST 5 YEARS:

From - To	Employer	Yearly Salary
_____	_____	_____
_____	_____	_____

I acknowledge that I have read the above statements. I am aware that I am responsible for my portion of the fee.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, [City] _____ [State], on _____ [Date].

Signature _____

**KING COUNTY SUPERIOR COURT
FAMILY COURT SERVICES**

EVALUATION SLIDING FEE SCALE

		Combined Income:						
TYPE OF SERVICE		Under \$20,000	\$20,000 - \$24,999	\$25,000 - \$29,999	\$30,000 - \$34,999	\$35,000 - \$39,999	\$40,000 - \$44,999	\$45,000 and over
1 –Party Evaluation Flat		\$250	\$375	\$500	\$625	\$750	\$875	\$1,000
Evaluation Flat		\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000
Under no circumstances will the total amount due exceed the maximum fee.								
There is a minimum fee of \$100 for those with a household income under the poverty guidelines.								
Poverty Guidelines (2006): Add \$3,400 for each additional family member over 8								
Family of:	1	2	3	4	5	6	7	8
	\$9,800	\$13,200	\$16,600	\$20,000	\$23,400	\$26,800	\$30,200	\$33,600

You may request a payment arrangement or fee adjustment by contacting our office once you have received your invoice.

CASE NAME: _____
 SUPERIOR COURT #: _____
 FCS #: _____
 SOCIAL WORKER: _____
 DATE: _____

TO: _____
 School/Provider Name

 Address

 City State Zip

RE:

Child's Name	DOB
Child's Name	DOB
Child's Name	DOB

Dated this _____ day of _____, 2_____.

City	State	Zip
------	-------	-----

Evaluation - Rev. 10/06